

# QUARTERLY FEDERAL FINANCIAL MANAGEMENT REPORT (QFFMR)

COUNTY NAME:
REPORT DATE:

Quarterly Report Period for FY 2006-07			
_____ Jul - Sep	_____ Oct - Dec	_____ Jan - Mar	_____ Apr - June

Funding Categories	Funding Line	Remittance Advice	Expenditures at End of Report Period (Cumulative)	Funding Line	Remittance Advice	Expenditures at End of Report Period (Cumulative)
	Federal Fiscal Year 2006 Award			Federal Fiscal Year 2007 Award		
SAPT - Female Offender Treatment Services	45-06	MO/YRSAPT06FOT		45-07	MO/YRSAPT07FOT	
SAPT Discretionary	50-06	MO/YRSAPT06DIS		50-07	MO/YRSAPT07DIS	
SAPT - Adolescent/Youth Treatment Program	50a-06	MO/YRSAPT06ATS		50a-07	MO/YRSAPT07ATS	
SAPT - Friday Night Live	50b-06	MO/YRSAPT06FNL		50b-07	MO/YRSAPT07FNL	
SAPT - Club Live	50c-06	MO/YRSAPT06CL		50c-07	MO/YRSAPT07CL	
SAPT - Primary Prevention Set-Aside	50d-06	MO/YRSAPT06PRE		50d-07	MO/YRSAPT07PRE	
SAPT - HIV Set-Aside	51-06	MO/YRSAPT06HIV		51-07	MO/YRSAPT07HIV	
SAPT - Perinatal Set-Aside	52-06	MO/YRSAPT06PER		52-07	MO/YRSAPT07PER	
SAPT - Special Projects	56-06	MO/YRSAPT06SP		56-07	MO/YRSAPT07SP	
SAPT - SATTA Substance Abuse Testing	59a-06	MO/YRSAPT06SB223		59a-07	MO/YRSAPT07SB223	
SAPT - SATTA Additional Discretionary	59b-06	MO/YRSAPT06SB223		59b-07	MO/YRSAPT07SB223	

REMARKS:		
<p><b>CERTIFYING OFFICIAL:</b> I CERTIFY TO THE BEST OF MY KNOWLEDGE AND BELIEF THAT THIS REPORT IS TRUE IN ALL RESPECTS AND THAT ALL DISBURSEMENTS HAVE BEEN MADE FOR THE PURPOSE AND CONDITION OF THE GRANT OR CONTRACT.</p>		
SIGNATURE:	DATE:	PHONE NUMBER:
NAME (Typed or Printed):	TITLE (Typed or Printed):	